



RCA 89,385

APR 1 7 2000

DECLARATION AND POWERS OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plurar names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

 	RATINGS C	ONTROL SYSTEM WI	TH TEMPORARY	OVERRIDE CA	PABILITY	
the specification	n of which was filed on	12/30/99	as Applicati	on Serial No.	09/475.448	and was amended on
16		, or, if not identifie	ed here by filing date	and serial nur	phor is ottoched l	L 4 -
I nave revie	wed and understand the c	ontents of the above id-	entified specificatio	n, including the	claims, as amend	ded by any amendment
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acknowled	ge the duty to disclose inf	ormation which is mate	rial to the examinat	ion of this appli	cation in accordar	ice with 37 CFR 1.56
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	cion any foreign applicati	on to baterit of inventor	i s centilicate ny me	or my represe	ntatives or assigns	ificate listed below and hav s for this invention having a
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I HELEDY GEC	iare triat all statements m	ade herein of my own k	nowledge are true.	and that all atas	ements made on i	information and belief are
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rrosecute this a	oint, individually and colle	ctively, the following as	my/our attorney or	agent with full	power of substitut	ion and revocation, to
prosecute triis a	pplication and to transact Joseph S. Tripoli	all business in the U.S.	Patent and Trader	nark Office con		
	Robert D. Shedd		Registration No.	26,040	and	
	Hobert D. Snedd		Registration No,	_36,269		
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		P.O. Box 5312				
		PRINCETON, NE	EW JERSEY 08543	-5312		
Sole or Joint	David Laborator					
Inventor (1)	David Johnston	Lynch	Ω	~ ~ 1	1-1-1	
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Citizenship	U.S.A.		(Si			ł
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Residence	10243 Brixton, Fishe	rs Hamilton India	na 46038			
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Sole or Joint Inventor (2) (Type or Print) (Signature in Full. No initials.) Date _ Residence Sole or Joint Inventor (3) (Type or Print) (Signature in Full. No initials.) Citizenship Post Office Address Residence